

COVID-19 Massachusetts Vaccination Attestation Form



If you live, work or study in Massachusetts you can use this attestation form to demonstrate you are eligible to receive the vaccine.

COVID-19 vaccine supply is limited, and is subject to prioritized phases as recommended by the Massachusetts COVID-19 Advisory Group.

Please fill out this form to confirm your eligibility to receive a COVID-19 vaccination in the current prioritization phase.

[Mass.gov has additional clarification about each prioritization category.](#)

Only individuals [eligible to receive the vaccine in Phase 1](#), individuals [age 55 or older](#), individuals with [1 or more certain medical conditions](#), [residents and staff of low income and affordable senior housing](#), an individual accompanying an individual 75 or over, [K-12 educators, child care workers, school staff](#), and [workers in certain categories](#) should complete the attestation form at this time

[Find a vaccine location](#) - you will need to book your appointment with the site.

What you will need at your appointment:

Be prepared to show this attestation form at your appointment:

- Complete this form online by filling out your information below. Please provide your email address if you would like a copy emailed to you.
- It is acceptable to display the confirmation email on your phone at your appointment.
- You may print out this PDF, fill it out and bring it with you to your appointment.
- If you cannot print out the form or complete it online, you may fill it out at the vaccination site.

COVID-19 Massachusetts Vaccination Attestation Form



At your appointment you may be asked for the following information:

- Insurance card. Vaccination is free whether you have insurance or not, if you have insurance, please bring that information with you.
- Identification, examples include:
 - Employer-issued ID card that includes your name and title; or
 - Government-issued identification or license; or
 - Recent pay stub

You may get a vaccine even if you don't have a driver's license or a social security number.

Please identify which priority group you belong to:

- I am a health care worker (clinical or non-clinical), including in home care worker
- I work or currently reside in a skilled nursing facility, rest home, assisted living facility or a continuing care retirement community, as defined below
- I am a first responder
- I work or currently reside in a residential congregate care/shelter setting
- I am 55 years or older
- I am accompanying someone who is age 75+ to their vaccination appointment and my appointment is the same day at a mass vaccination site (Gillette, Hynes Convention Center, Eastfield Mall Springfield, DoubleTree Danvers, Natick Mall, Reggie Lewis, Dartmouth - former Circuit City)
- I have 1 or more of these certain medical conditions listed below
- I live or work in low income or affordable senior housing
- I am a K-12 educator, a child care worker, or part of a school staff
- I am a worker in one of the certain categories listed below
- None of the above, but I have documentation of receipt of my first shot & am scheduling my second

COVID-19 Massachusetts Vaccination Attestation Form



This information is not exhaustive, please [visit the COVID-19 Vaccine Distribution timeline for further information](#) about each prioritization category:

- Continuing care retirement communities listed [here are eligible for vaccine in Phase 1](#)
- First responders examples include: employees of a police department, fire department, public or private emergency medical service entity, or federal law enforcement
- Congregate care settings examples include: group home, shelter, treatment program, residential education program, correctional facility
- Home care worker examples include: personal care attendant, adult foster care worker, mental/behavioral health care provider providing in home treatment, state agency staff performing direct care in the home
- Individuals age 55 or older
- The certain worker category examples include: Restaurant or cafe workers, food service workers, Grocery and convenience store workers, Food pantry workers or volunteers, Medical supply chain workers, Vaccine development workers, Transit/transportation workers, Public works workers, Sanitation workers, Public health workers, Court system workers, Funeral directors and funeral workers.
- Certain medical conditions defined by the CDC as being at severe risk for illness from COVID-19:
 - Cancer
 - Chronic kidney disease
 - Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
 - Dementia or other neurological conditions
 - Diabetes (type 1 or type 2)
 - Down Syndrome
 - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
 - HIV infection
 - Immunocompromised state (weakened immune system)
 - Liver disease
 - Overweight and obesity
 - Pregnancy
 - Sickle cell disease or thalassemia
 - Smoking, current or former
 - Solid organ or blood stem cell transplant
 - Stroke or cerebrovascular disease, which affects blood flow to the brain
 - Substance use disorders

COVID-19 Massachusetts Vaccination Attestation Form



Signature

- I hereby attest under the penalties of perjury to the best of my knowledge and belief that I belong to the priority group that I selected above.
- I hereby attest under penalties of perjury that I live, work, or study in Massachusetts.

First Name

Last Name

Email (optional)

Date of Birth (mm/dd/yyyy)
(optional)

Zip Code (optional)

Signature

Date